

CRITERIA FOR PRIOR AUTHORIZATION

Lupaneta Pack® (leuprolide depot; norethindrone tablets)

PROVIDER GROUP: Pharmacy
Professional

MANUAL GUIDELINES: The following drug(s) require prior authorization:
Lupaneta Pack (leuprolide depot; norethindrone tablets)

CRITERIA for Lupaneta Pack (must meet all of the following)

- Patient must be female
- Patient must have a diagnosis of endometriosis
- Patient must be 18 years of age or older
- Patient must not be pregnant
- Patient must not be postmenopausal

RENEWAL CRITERIA for Lupaneta Pack (must meet all of the following)

- Patient must be female
- Patient must have a diagnosis of endometriosis
- Patient must be 18 years of age or older
- Patient must not be pregnant
- Patient must not be postmenopausal
- Bone mineral density must be assessed prior to renewal

LENGTH OF APPROVAL: 6 months at a time for a lifetime total of 12 months